

# Narcotic and Dangerous Drug Problems

## Current Status of Legislation, Control and Rehabilitation

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RECENT LEGISLATION reclassifies dangerous drugs into those in which there are problems of abuse and those in which there are no problems, which is a constructive step. Other legislation included but was not limited to stricter inventory controls on dangerous drugs. This legislation requires triplicate forms for Percodan®\* prescriptions, forbids over-the-counter sale of cough syrup mixtures containing codeine and makes the rehabilitation facilities for addicts at Corona available to the non-criminal user who is in imminent danger of addiction although not necessarily yet an addict.

California is showing leadership in this field and the programs are being copied by other states. Federal legislation in this field also appears imminent.

### Rehabilitation

It has been recognized that while the addict is indeed a sick person and is suffering from a disease, he also has brought the disease upon himself and, in general, seems desirous of transmitting the disease to others.

The treatment of his disease therefore does involve quarantine in a narcotic-free atmosphere rather than perpetuation of his addiction by making narcotics easily available to him.

The former Naval hospital at Corona has been acquired by the State of California as surplus property and its 2,300 beds have been made available for treatment and rehabilitation of narcotic addicts.

Most addicted persons in California have been criminals before they became addicted, and the addiction is merely another incident in a life of

nonconformity. The characteristic addict is about 24 years of age, has been arrested for four or five other crimes such as forgery, theft of automobiles and robbing of liquor stores, before he became involved with narcotics. In other words, he was a criminal first and an addict second.

It is now possible for a judge to suggest to the addict at a criminal hearing that since his desire for narcotics was part of his criminal activities, he might be interested in volunteering for rehabilitation at Corona, and if he did volunteer, his criminal trial would be held in abeyance until it had been determined whether or not he could be rehabilitated. The general idea is that if he makes the grade at Corona, the criminal charges might be dismissed in the light of his rehabilitation.

The facility at Corona has had reasonable success with a program of rehabilitation which has departed from the revolving door philosophy wherein the criminal is off narcotics for a short time and then leaves the institution and promptly begins using them again.

This is accomplished by a change in legal philosophy; namely, that the situation is comparable to that associated with mental illness wherein the mentally ill person is under the jurisdiction of the courts until his illness has been corrected. Therefore, the time element involved is quite flexible. In this system, the addicted person is under the authority of the rehabilitation center until those involved feel that he has indeed been rehabilitated. The time involved may be months or it may be many years, but the attitude is to cure the patient, not to sentence him.

The rehabilitation program is a combination of in-patient and out-patient service in which vocational rehabilitation and group therapy are emphasized, with the addicts actually helping themselves

The author is chairman of the CMA Committee on Dangerous Drugs and of the California Narcotics Rehabilitation Advisory Council. The article was written in furtherance of a House of Delegates resolution that physicians be informed as to the current status of the problem.

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\*A mixture containing dihydrohydroxycodone.

to become aware of their fundamental problems and to create motivation to solve them. It is important that job training and efforts to create dignity and the sense of worthwhileness in achieving some stature in life are paramount in the program.

The parole officers who ordinarily have a case load of about 75 to 90 have a case load of only 30 and, therefore, can devote more time to the individual problems of each resident and establish a personal and friendly rapport which is extremely important in producing results.

#### **Halfway Houses**

The establishment of halfway houses wherein during the first six months to a year after release the ex-addict can return for help during this critical period is extremely important and worthwhile. Most of the people currently being committed to the program have been guilty of criminal activities and are, therefore, conceded to be hardcore addicts. Thus far, 1,200 persons who have been treated under the program have been narcotic-free for almost two years, are holding down jobs, and have not returned to crime. This represents a 30 per cent rehabilitation rate for those released for all reasons, including technical reasons, so that the rate is really somewhat better than this figure would indicate. This compares so well with the usual 2 to 5 per cent rehabilitation rate that restrained optimism seems warranted.

The general philosophy parallels the rehabilitation efforts which resulted in a surprisingly high rehabilitation rate in addicted physicians, as reported in an article published in *CALIFORNIA MEDICINE* in April 1961: A 10-year follow-up on 130 physicians revealed a 92 per cent rehabilitation rate. Naturally it will not be as easy to create motivation in the routine addict, but if the 30 per cent rate can be maintained, this would appear to be the most successful large-scale effort to date.

Better results may well be anticipated as there is an increase in the proportion of the population at Corona made up of those who have volunteered for the program when they are in imminent danger of addiction rather than long-time addicts. The Narcotic Rehabilitation Advisory Council appointed by the Governor reports on the progress of the program each year to the Governor and the legislature. The results today certainly justify restrained optimism, and in a few years we will undoubtedly have documentary evidence as to its justification or lack of it.

Voluntary commitment parallels the approach to mental health wherein the individual may be observed for a period of 72 hours if necessary, and then a determination made as to whether or not he should be committed to the program.

#### **Marijuana**

Categorically marijuana is not an opiate and an addicting drug, but this pattern is quite clear: Unstable persons under marijuana will often eventually become involved with heroin addiction, whereas had marijuana not been available to them, this probably would not have occurred. It therefore seems simple enough that since there is no medical indication for the use of marijuana, it should be classified as a dangerous drug and unsafe for self-medication, and the penalties for possessing or peddling it should be comparable to those for narcotic drugs.

#### **Percodan®**

As noted in a previous article, Percodan® has been placed on the triplicate form since evidence presented to the legislature suggested that its abuse might be curtailed thereby. The Endo Company previously opposed this legislation but in a constructive attitude did not oppose it at the most recent consideration in the legislature, feeling that this was a matter to be decided by physicians, law enforcement agencies and legislators.

It is hoped that the usefulness of this product will be in no way curtailed by the triplicate form, but on the other hand abuses would be largely eliminated.

#### **Education of Physicians**

Remarkable progress has been achieved in the education of medical students to the calculated risk of addiction among persons to whom narcotics are easily available. It is pointed out that once addicted such individuals are no different from any stumblebum on skid row, and that narcotics are not something which they can take or let alone.

In the past 12 years, panel discussions on this subject have brought about a 60 per cent decrease in the anticipated addiction rate among medical students who attended.

Emphasis has also been placed on the fact that it is the duty of the physician himself to explain to the unstable person that giving him narcotics to relieve all the minor aches and pains in life is not doing him a favor. With such persons it is better that the physician obtain their confidence and then explain that they must learn to live with their migraine,

their dysmenorrhea, their backaches rather than expect complete relief when such relief may indeed create more problems than are solved.

#### **Cough Syrups**

Another interesting development has been the abuse of exempt codeine-containing cough syrup compounds. The exempt mixtures have been subject to much abuse by unstable juveniles, with criminal activity involving rapes, stabbings and fights as a result.

The original approach was that the mother with a child with a cough should be able to obtain these mixtures without the necessity of taking up the time of a physician in order to obtain these compounds.

The position of the California Medical Association was that if these were available by telephone authorization for which no charge would be made, then there would be no objection to making these compounds available only on prescription. The legislators agreed, and these compounds are now available on prescription only.

#### **Abuse of Dangerous Drugs**

The severe penalties involved in peddling narcotics have been such that many peddlers have turned to the dangerous drug group, namely, the amphetamines and barbiturates, as a source of livelihood.

Since no one has any sympathy for the peddler, it was not difficult to initiate and have passed legislation which makes the penalties for peddling of dangerous drugs comparable to those for peddling narcotics. Increased penalties for illegal possession are also now in effect.

#### **Synanon**

The Synanon Foundation is an in-patient program run by former addicts for addicts who voluntarily seek help. Its work has been widely reported by the communications media but is subject to considerable controversy. Evaluation of its success is extremely difficult.

The approach is somewhat comparable to the philosophy of Alcoholics Anonymous, and certainly any efforts in this direction should receive encouragement. Unfortunately, scientific evaluation of its results seems to be resented by those in charge of the program. Some of its original supporters are becoming a bit restrained in their enthusiasm although in others it remains undiminished. Time as well as documented statistics even-

tually will determine the validity of the claims for this fascinating experiment.

#### **The "British System"**

One facet of a California Medical Association House of Delegates Resolution was that of education of physicians. It might be well to point out that perennially the subject of the so-called British system of the approach to narcotics, that is, to eliminate the profit motive by providing narcotics at cost, comes up again and again.

Most knowledgeable persons who have pursued the subject—and this includes a group from New York whose representatives went to England and studied the question thoroughly—point out that the boons of the system are less than meets the eye, for even with over-counter sale, there just never was much of a narcotic problem in England. The system would indeed merely perpetuate addiction and even in England it doesn't seem to work anymore.

Gene Sherman, the Pulitzer prize winning Los Angeles *Times* correspondent in London, has recently written an article which states that the British themselves have become disillusioned with the system since the rate of addiction has increased 100 per cent or more in the last few years, and they recognize that making narcotics easily available will merely perpetuate rather than contain addiction.

An artificial paradise wherein all problems are alleviated or at least postponed is attractive enough to the unstable individual but certainly is no answer to the problem itself.

The high incidence of addiction in physicians, pharmacists and nurses with easy availability of narcotics, and without any profit motive at all being involved, should negate the philosophy that elimination of the profit motive might help solve the problem.

#### **High Mortality Rate**

At a recent meeting of the National Research Council evidence was presented on 2,743 addicts between the ages of 15 and 25. Their mortality rate was 26 per thousand compared with 0.99 per thousand of nonaddicted persons of that age in New York. In other words the addicts had 26 times the mortality rate of nonaddicts.

#### **Methodon and Cyclazocine**

The results of several pilot programs wherein methodon and cyclazocine are used in maintenance

dosage as substitutes by former heroin addicts will be awaited with much interest. While these substitutes are themselves addicting, they appear less addicting than heroin, and apparently they negate the desire for heroin euphoria. Presumably the hope is that during the period of maintenance on these substances, the deep-seated emotional problems leading to the original addiction can be understood and solved. Apparently at present few of those involved have been withdrawn from the substitute therapy. Those involved with the projects appear to be well informed and dedicated persons, although with a somewhat evangelical zeal for their point of view.

The final answer, of course, is to find a pain-relieving drug which does not also produce euphoria; and there is restrained optimism that this may not be too far off. This would then produce a situ-

ation wherein the United Nations might receive strong support in producing a climate of cooperation in which the need for the production of legitimate narcotics would no longer exist. More, the uncooperative nations such as Red China, India, Turkey, France and Mexico, would then not have the excuse that they merely produce a legitimate product for medicinal purposes, and it is not their fault if there are abuses.

In summary then the climate is one of flexibility with a constructive and realistic approach to these problems by the combined efforts of legislators, the medical and legal professions, researchers, persons engaged in law enforcement and rehabilitation work, and interested citizens.

GENERIC AND TRADE NAME OF DRUG

Percodan® (a mixture containing dihydrohydroxycodine).

